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Global health and foreign policy

The General Assembly,

Recalling its resolutions 63/33 of 26 November 2008, 64/108 of 10 December 2009, 65/95 of 9 December 2010 and 66/115 of 12 December 2011,

Welcoming the outcomes of the major United Nations conferences and summits which have contributed to the advancement of the global health agenda, especially the outcome document of the United Nations Conference on Sustainable Development, held in Rio de Janeiro, Brazil, from 20 to 22 June 2012, entitled "The future we want",[1] the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted on 19 September 2011,[2] the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, adopted on 10 June 2011 at the High-level Meeting of the General Assembly on HIV/AIDS,[3] the Rio Political Declaration on Social Determinants of Health, adopted at the World Conference on Social Determinants of Health, held in Rio de Janeiro, Brazil, from 19 to 21 October 2011, resolution 58.33 of the World Health Assembly, on sustainable health financing, universal coverage and social health insurance,[4] resolution 64.9 of the World Health

[1] Resolution 66/288, annex.
[2] Resolution 66/2, annex.
[3] Resolution 65/227, annex.
[4] See World Health Organization, *Fifty-eighth World Health Assembly, Geneva, 16-25 May 2005, Resolutions and Decisions, Annex* (WHA58/2005/REC/1).

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Assembly, Sustainable health financing structures and universal coverage,[5] and recommendation No. 202 concerning national floors of social protection adopted by the International Labour Conference at its one hundred and first session, and reaffirming the Programme of Action of the International Conference on Population and Development, adopted in Cairo in September 1994,[6] the key actions for the further implementation of the Programme of Action[7] and the Beijing Declaration[8] and Platform for Action,[9]

Reaffirming the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, without distinction as to race, religion, political belief, economic or social condition, and the right of everyone to a standard of living adequate for the health and well-being of oneself and one's family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond one's control,

Noting with particular concern that for millions of people the right to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, remains a distant goal, that especially for children and those living in poverty, the likelihood of achieving this goal is becoming increasingly remote, that millions of people are driven below the poverty line each year because of catastrophic out-of-pocket payments for health care, and that excessive out-of-pocket payments can discourage the impoverished from seeking or continuing care,

Taking note of the *World Health Report 2010*, entitled "Health systems financing: the path to universal coverage", and the Social Protection Floor Initiative endorsed by the United Nations Chief Executives Board for Coordination in April 2009, and taking note with appreciation of the outcomes of international and regional meetings that reaffirm the importance of universal health coverage, including the Mexico City Political Declaration on Universal Health Coverage, adopted on 2 April 2012, the Bangkok Statement on Universal Health Coverage, adopted at the Prince Mahidol Award Conference on 28 January 2012, and the Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector, adopted on 5 July 2012,

Reaffirming its commitment to make every effort to accelerate the achievement of the internationally agreed development goals, including the Millennium Development Goals, by 2015,

Acknowledging that many of the underlying determinants of health and risk factors of both non-communicable and communicable diseases, in particular tuberculosis, malaria and HIV and AIDS, as well as the causes of maternal and

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[5] See World Health Organization, *Sixty-fourth World Health Assembly, Geneva, 16-24 May 2011, Resolutions and Decisions, Annexes* (WHA64/2011/REC/1).

[6] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[7] Resolution S-21/2, annex.

[8] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex I.

[9] Ibid., annex II.

infant mortality, are associated with social and economic conditions, the improvement of which is a social and economic policy issue,

Acknowledging also the need to continue to promote, establish or support and strengthen multisectoral national policies and plans for the prevention and control of non-communicable diseases and to take steps to implement such policies and plans, including by recognizing the importance of universal coverage in national health systems, taking into account their significant impact on the sustainability of health system financing,

Recognizing the importance of universal coverage in national health systems, especially through primary health-care and social protection mechanisms, to provide access to health services for all, in particular for the poorest segments of the population,

Recalling in particular that the sixty-fourth World Health Assembly, in its resolution 64.9, requested the Director General of the World Health Organization to convey to the Secretary-General of the United Nations the importance of universal health coverage for discussion by a forthcoming session of the General Assembly,[5]

Noting the role of the Foreign Policy and Global Health Initiative in promoting synergy between foreign policy and global health, as well as the contribution of the Oslo Ministerial Declaration of 20 March 2007, entitled "Global health: a pressing foreign policy issue of our time",[10] which was reaffirmed, with renewed actions and commitments, by the ministerial declaration of 22 September 2010,[11]

1. *Notes with appreciation* the note by the Secretary-General[12] transmitting the report of the Director General of the World Health Organization and the recommendations contained in the report on improving coordination, coherence, and effectiveness of governance for global health and addressing the interlinkages between health and environment and health and natural disasters;

2. *Calls for* more attention to health as an important cross-cutting policy issue in the international agenda, as it is a precondition and an outcome and indicator of all three dimensions of sustainable development, and for the recognition that global health challenges require concerted and sustained efforts to further promote a global policy environment supportive of global health and sustainable development;

3. *Invites* Member States to recognize the links between the promotion of universal health coverage and other foreign policy issues, such as the social dimension of globalization, cohesion and stability, inclusive and equitable growth and sustainable development and sustainability of national financing mechanisms, and the importance of universal coverage in national health systems, especially through primary health care and social protection mechanisms, including nationally determined social protection floors;

4. *Also invites* Member States to adopt a multisectoral approach and to work on determinants of health within sectors including, as appropriate, through the health-in-all-policies approach, while taking into consideration the social, environmental and economic determinants of health, with a view to reducing health

[10] A/63/591, annex.
[11] See A/65/538.
[12] A/67/377.

inequities and enabling sustainable development, and stresses the urgent need to act on social determinants for the final push towards the achievement of the Millennium Development Goals;

5. *Calls upon* Member States to value the contribution of universal health coverage to achieving all interrelated Millennium Development Goals, with the ultimate outcome of more healthy lives, particularly for women and children;

6. *Recognizes* that, although countries have realized important achievements, all countries have scope for further improvements in their health financing policies to enhance and sustain more efficient, equitable, inclusive and high-quality health systems for their populations, and that health financing systems in many countries need to be further developed in order to provide access to necessary services while providing protection against financial risk;

7. *Reaffirms* the leading role of the World Health Organization and the important role of the United Nations system in enhancing the visibility of health issues in the different international forums and in supporting Member States in responding to the challenges of the implementation of universal health coverage;

Social protection and universal health coverage

8. *Recognizes* the responsibility of Governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services;

9. *Also recognizes* that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services, with extensive geographical coverage, including in remote and rural areas, and with a special emphasis on access to populations most in need, and has an adequate skilled, well-trained and motivated workforce, as well as capacities for broad public health measures, health protection and addressing determinants of health through policies across sectors, including promoting the health literacy of the population;

10. *Acknowledges* that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable and marginalized segments of the population;

11. *Recognizes* that the provision of universal health coverage requires full and effective implementation of the Beijing Platform for Action,[9] the Programme of Action of the International Conference on Population and Development[6] and the outcomes of their review conferences, including the commitments relating to sexual and reproductive health and the promotion and protection of all human rights in this context, and emphasizes the need for the provision of universal access to reproductive health, including family planning and sexual health, and the integration of reproductive health into national strategies and programmes;

12. *Also recognizes* that the provision of universal health coverage is mutually reinforcing with the implementation of the Political Declaration on the

Prevention and Control of Non-communicable Diseases[2] and the Political Declaration on HIV and AIDS;[3]

13. *Acknowledges* that governance to move towards universal health coverage involves transparent and inclusive and equitable decision-making processes that allow for the input of all stakeholders and develop policies that perform effectively and reach clear and measurable outcomes for all, build accountability and, most crucially, are fair in both policy development processes and results;

14. *Recognizes* that it is essential to take into consideration the needs of vulnerable segments of society, including the poorest and marginalized segments of the population, indigenous peoples and persons with disabilities, in accordance with the principle of social inclusion, in order to enhance their ability to realize their right to the enjoyment of the highest attainable standard of physical and mental health;

15. *Urges* Governments, civil society organizations and international organizations to promote the inclusion of universal health coverage as an important element in the international development agenda and in the implementation of the internationally agreed development goals, including the Millennium Development Goals, as a means of promoting sustained, inclusive and equitable growth, social cohesion and well-being of the population and achieving other milestones for social development, such as education, work income and household financial security;

Sustainable financing mechanisms for universal health coverage

16. *Calls upon* Member States to ensure that health financing systems evolve so as to avoid significant direct payments at the point of delivery and include a method for prepayment of financial contributions for health care and services as well as a mechanism to pool risks among the population in order to avoid catastrophic health-care expenditure and impoverishment of individuals as a result of seeking the care needed;

17. *Acknowledges* that the choice of a health financing system should be made within the particular context of each country;

18. *Recognizes* that improving social protection towards universal coverage is an investment in people that empowers them to adjust to changes in the economy and in the labour market and helps support a transition to a more sustainable, inclusive and equitable economy;

19. *Emphasizes* that Governments should provide those who do not have sufficient means with the necessary financial risk protection and health-care facilities without discrimination;

20. *Recognizes* the important role of national and subnational legislative and executive bodies, as applicable, in further reforms of health financing systems with a view to moving towards universal health coverage;

21. *Encourages* Member States, in collaboration with other stakeholders where applicable, to plan or pursue the transition of their health systems towards universal coverage, while continuing to invest in and strengthen health-delivery systems to increase and safeguard the range and quality of services and to adequately meet the health needs of the population;

22. *Calls for* strengthening collaboration among Member States, in particular through the World Health Organization, through technical assistance and sharing of best practices as well as working with partners, including civil society, to promote effective implementation of universal health coverage on the basis of solidarity at national and international levels;

23. *Acknowledges* that when managing the transition of the health system to universal coverage, each option will need to be developed within the particular epidemiological, economic, sociocultural, political and structural context of each country in accordance with the principle of national ownership;

Follow-up actions

24. *Urges* Member States[13] to continue to consider health issues in the formulation of foreign policy;

25. *Recommends* that consideration be given to including universal health coverage in the discussions on the post-2015 development agenda in the context of global health challenges;

26. *Calls upon* the Economic and Social Council to consider the issue of universal health coverage as part of its 2013 programme of work, with the participation of the World Health Organization, the World Bank, other relevant United Nations entities and other stakeholders, within existing resources;

27. *Decides* to continue consultations on the promotion of universal health coverage, regionally and globally, including on the possibility of convening a high-level meeting of the General Assembly;

28. *Requests* the Secretary-General, in close collaboration with the Director General of the World Health Organization and with the participation of relevant programmes, funds and specialized agencies of the United Nations system, and in consultation with Member States, to give high priority to universal health coverage and its links to social protection floors within their social programmes and policies;

29. *Also requests* the Secretary-General to submit to the General Assembly at its sixty-eight session, under the item entitled "Global health and foreign policy", a report which compiles and analyses past and current experiences of Member States in the way they succeed in implementing universal health coverage, including its links to nationally determined social protection floors, and in sharing, establishing and strengthening institutional capacity in order to generate country-level evidence-based policy decision-making on the design of universal health coverage systems, including tracking the flows of health expenditure through the application of standard accounting frameworks.

[13] And, where applicable, regional economic integration organizations.